

Physician Clinic Owners Forum Feedback Summary

Primary Care Networks 2, 3, 4 & 5

Background

On May 26th, 2021 The Vancouver Division hosted a virtual PCN 2, 3, 4 & 5 Physician Clinic Owners Forum to enable clinic owners to network, talk about current challenges, and share information. Three Family Physician Champions helped to plan and facilitate the forum. Physician facilitators helped to initially identify some current challenges for clinic owners, and we shared this with all invitees using a [Padlet](#) to gather votes and input. The top 3 challenges identified would be discussed at the forum.

18 Physician Clinic Owners from the Wave 2 PCNs attended the forum and helped to identify the following top 3 challenges:

1. Human Resources - accessing Locums, MOAs, office managers, nurses, physicians, after - hours coverage, etc.
2. Mental Health Resources - I don't have enough Mental Health Resources or know what's available in the community.
3. Clinic Optimization and Tech Enablement - online/virtual systems and operation, clinic workflow, tech resources (e.g. Care Connect), patient portals, privacy and security etc.

Other issues identified were:

- Grants and funding come with conditions and expectations that can be a barrier for physician clinic owners
- What is the end goal of the forum and ongoing support?
- What part do I play in building the network as a physician clinic owner?
- We are a stronger voice if we work together and have better data to support one another and what we need

Breakout rooms were utilized, and the Physician Facilitators hosted discussions on the top 3 topics.

What We Asked

For each of the three top topics we asked:

- What are your challenges?
- What solutions had clinic owners found that helped them?
- What innovative ideas have you come up with?

What We Heard

We have collated what we heard from participants on each of the 3 topics discussed in the action table below. This table includes themes that came up in PCN 1 and 6 clinic owner forums as well. Action items are detailed in the column marked “What can the VDoFP do/What’s already in motion”. We also noted external resources that we could refer and direct clinic owners to in the last column.

Clinic Owner Forums’ Action-Items Table

Table Description:

The table below outlines the actionable items coming out of the input provided in each of the three clinic owner forums: PCN 1, PCN 6, and PCNs 2,3,4,5.

For each action item, we have outlined what VDoFP is currently working on, have plans to implement, or have advice on how to tackle.

For the items we can’t directly influence, we have provided other resources to support clinic owners or will provide a safe space in future forums to encourage physicians to collaborate and problem solve independently.

For many of the issues brought up, we have VDoFP resources/support as well as external sources we can connect clinic owners to.

Table of Acronyms:

Acronym	
<i>CNM</i>	<i>Community Network Manager</i>
<i>DoBC</i>	<i>Doctors of BC</i>
<i>DTO</i>	<i>Doctor’s Technology Office</i>
<i>EMR</i>	<i>Electronic Medical Records</i>
<i>FP</i>	<i>Family Physician</i>
<i>MOA</i>	<i>Medical Office Assistant</i>
<i>MoH</i>	<i>Ministry of Health</i>
<i>NP</i>	<i>Nurse Practitioner</i>
<i>PCNs</i>	<i>Primary Care Networks</i>
<i>PHSA</i>	<i>Provincial Health Services Authority</i>
<i>PMH</i>	<i>Patient Medical Home</i>
<i>PSP</i>	<i>Practice Support Program</i>
<i>RN</i>	<i>Registered Nurse</i>
<i>TBC</i>	<i>Team Based Care</i>
<i>VCH</i>	<i>Vancouver Coastal Health</i>
<i>VDoFP</i>	<i>Vancouver Division of Family Practice</i>

<i>Themes</i>	<i>PCN 1</i>	<i>PCN 6</i>	<i>PCNs 2,3,4, 5</i>	<i>What we heard</i>	<i>What can VDoFP do/ What's already in motion</i>	<i>Who can VDoFP help refer/direct you to?</i>
MOA Support	X	X	X	MOA Sourcing	MOA Support project - VDoFP has hired a consultant find out exactly where clinics have issues with the MOA employment life cycle (recruiting, hiring, onboarding, performance management, etc.), determine who in the broader market already offers services in this field, and identify the ways that VDoFP can best support the HR/hiring support needs of clinics. New supports will be developed based on these recommendations.	TBD
		X		Pooled MOAs - access to a pool of MOAs for when clinic MOAs are sick/away	MOA Support project - VDoFP has hired a consultant find out exactly where clinics have issues with the MOA employment life cycle (recruiting, hiring, onboarding, performance management, etc.), determine who in the broader market already offers services in this field, and identify the ways that VDoFP can best support the HR/hiring support needs of clinics. New supports will be developed based on these recommendations.	TBD
			X	MOA Rates - how much to pay MOAs	VDoFP is looking into means of collecting anonymous data around staff compensation from clinic owner's. The aim is to share the current compensation trends of MOAs within the PCN and Vancouver. This will help physician clinic owners make informed decisions on staff compensation and keep their clinic competitive.	

	X	X	X	MOA Turnover - how to keep MOAs engaged and supported to encourage longevity	MOA Support project - VDoFP has hired a consultant find out exactly where clinics have issues with the MOA employment life cycle (recruiting, hiring, onboarding, performance management, etc.), determine who in the broader market already offers services in this field, and identify the ways that VDoFP can best support the HR/hiring support needs of clinics. New supports will be developed based on these recommendations.	TBD
		X	X	MOA Coaching- MOAs need support and coaching	VDoFP is considering various MOA engagement strategies for additional support and betterment of clinic culture and workflows.	Team-Based Care Resources List from the BC Patient Safety & Quality Council
Mental Health Support		X	X	Mental Health Access- we need better and more efficient access to mental health for patients	VDoFP and VCH are investing in a 'Mental Health Change Management' project, which aims to collate, distribute, and improve access to mental health services across the city. As part of this project, VDoFP has worked with Pathways to review their listed mental health services and their filtering system, to ensure it is fulsome and easy to use. Additionally, as of June 1st 2021, patients can also access the service and search for community services, including low-cost mental health. More details on other parts of this project to come.	The new Vancouver specific patient-facing Pathways website is: https://vancouver.pathwaysbc.ca/
			X	AAC difficulties- AAC is difficult to access and does not provide longitudinal service	VDoFP and VCH are investing in a 'VCH Central Intake' project, which aims to improve central intake at VCH and address gaps. The Division and VCH are planning discovery sessions this summer to understand the referral issues from both the Primary Care Provider and the VCH perspectives. Following this, we can establish project plans to	

					address the most pressing issues. We'll bring updates on this to you in the fall.	
Clinical Workflow/ Technology			X	Patients Showing Hesitancy to Technology	Connect with your CNM for customized MOA script drafts that will support the messaging sent to patients for better preparedness and education around virtual health.	The Doctor's Technology Office has numerous virtual care resources, including patient tools and resources
	X		X	Desire for having pooled IT resources	VDoFP is looking into collecting information from clinics that have been utilizing IT support services. We hope to collate a shareable list of the top vendors and services available for FPs. VDoFP has hired a consultant to collect additional data from clinics about their biggest tech challenges, and come up with recommendations on how best to support or how the Division can be most helpful. We'll bring updates on this to you in the fall.	Doctor's Technology Office offers support for physicians navigating the health technology landscape.
	X			Zoom is not preferred. What other platforms can I use?	Connect with your CNM to access virtual care platform comparisons. This may help you compare and contrast the pros and cons of the various platforms.	Doctor's Technology Office offers support for physicians navigating the health technology landscape.
			X	Clinic tech support is lacking. At times it's easier to buy new equipment than to fix the existing	VDoFP is looking into collecting information from clinics that have been utilizing IT support services. We hope to collate a shareable list of the top vendors and services available for FPs. VDoFP has hired a consultant to collect additional data from clinics about their biggest tech challenges, and come up with recommendations on how best to support or how the Division can be most helpful. We'll bring updates on this to you in the fall.	Doctor's Technology Office offers support for physicians navigating the health technology landscape.
	X			EMR Optimization - support to best utilize EMRs. Are there any	Contact your CNM to get connected to your PSP Regional Support Team.	VCH's Practice Support Program (PSP) offers a range of EMR services that help clinic teams

				resources or groups that we can join?		undertake quality improvement projects to optimize the use of their EMRs. Get more details on PSP's EMR optimization program here .
	X	X		Telephone consults are time consuming and patients are more demanding. We need support to set patient expectations.	Connect with your CNM for customized workflow support and MOA script drafts that will support the messaging sent to patients before their scheduled appointments.	The Doctor's Technology Office has numerous virtual care resources, including virtual care peer mentor support
	X			CareConnect - we need support to understand the usage and benefits. This platform presents some challenges with use.	VDoFP is working on a <i>'Technology Enablement Change Management'</i> initiative, which aims to improve clinic technology enablement and assist in practice optimization. We understand that the process of getting set up with Care Connect can be onerous; VDoFP is looking at ways to simplify, train, and support you through this process while educating you on its benefits.	PHSA is the point of contact for CareConnect. Contact CareConnect@phsa.ca to request support.
		X		Request for additional nurses in practice and training on how to integrate them.	VDoFP and VCH are given a limited number of RN contracts per PCN by the MoH. When we are given a nurse, clinics go through a selection and interview process to assess fit. To learn more about how to keep your clinic competitive contact your CNM.	
		X		Request for a 'Privately Funded Nurse In-Practice' model	VDoFP is working on a <i>'Practice Optimization Change Management'</i> initiative which aims to assist in practice optimization and workflow betterment in clinics. This is a long-term project. Meanwhile please contact PSP practice support coaches for tailored education.	PSP Team Based Care Coaching

Financial/ Business Support	X	X	X	Financial/Business training for FPs (new-to-practice & experienced) is lacking	VDoFP has developed some excel-based tools that allow clinics to track, analyze, and forecast their earnings and expenses, and compare the financial implications of various business decisions.	Physicians that are members of the Division may be eligible for at least one free session with the Financial Literacy Council. Contact your CNM for more information.
	X	X		Co-location might help to mitigate issues that deal with resources and financial stress	VDoFP is facilitating networking opportunities for FPs with similar interests such as co-location. Please reach out to your CNM if co-location is something you are interested in.	
	X	X		I need support with discussing clinic lease with my landlord	Connect with your CNM for customized support.	
	X	X		We need more operational and financial planning support	Connect with your CNM for more information on our clinic optimization tools and supports.	
	X			Fee split - everyone is doing it differently and some incentives like the Business Cost Premium are being paid to doctors directly so the clinic is left out. How can we negotiate these things?	VDoFP has developed some excel-based tools that help clinic owners and incoming physicians understand the financial benefits and drawbacks of common financial agreements. VDoFP will also continue to facilitate PCN networking opportunities for you to connect with peers in your region, allowing you to discuss how other clinics have organized their associate fee splits.	The GPSC is the economic and political voice for FPs within the larger DoBC organization. To connect please visit their website here .
			X	Education on virtual billing codes - we need to stay informed on the new billing codes and whether they will stick around		Billing support provided by BC Family Doctors here . GPSC billing support provided here .
	X	X		We need to use collective power to negotiate for better costs, sharing of resources, etc.	VDoFP will continue to facilitate PCN networking opportunities for you to connect with peers in your	The GPSC is the economic and political voice for FPs within the larger DoBC organization.

					region, allowing you to explore ways to share resources with your peers. VDoFP will also explore ways to collate resources that you can share amongst yourselves, including IT and HR support. Details to come!	To connect please visit their website here .
	X	X		Desire for Divisions to be stronger advocates for clinic owner needs and resources	The role of the VDoFP is to support physicians around system-wide improvements. VDoFP will continue to facilitate the building of our PCNs and present opportunities for you to network with others in your region.	The GPSC is the economic and political voice for FPs within the larger DoBC organization. To connect please visit their website here .
FP Recruitment	X	X	X	Recruiting FPs is a challenge	The VDoFP's Recruitment and Retention (R&R) Team works closely with Vancouver clinics for their recruitment needs. R&R helps connect clinics with locums and family physicians looking to join a practice and have resources/advice on how to make your clinic more competitive for recruitment. Contact R&R at recruitment@vancouverdivision.com .	
	X	X		Pooled Locums - it would be great if locums could see what different clinics are like and trial different models of practice. They can try it out and see what kind of practice they would like to work in. Also pooled telemedicine locums would be interesting.	The VDoFP's Recruitment and Retention (R&R) Team works closely with Vancouver clinics for their recruitment needs. R&R is connected to many new-to-practice physicians and medical schools and connects locums as well as permanent FPs to clinics based on mutual interest. To learn more, contact R&R at recruitment@vancouverdivision.com .	
		X		NP Recruitment - would like to have nurse practitioners in practice	The VDoFP's Recruitment and Retention (R&R) Team works closely with Vancouver clinics for their recruitment needs. R&R facilitates PCN NP and FP contracts and can inform you on whether you qualify to apply for these contracts and/or whether	

					there exists additional NP contracts for your PCN. Contact R&R at recruitment@vancouverdivision.com .	
FP Networking	X	X	X	No time or opportunity to network with peers and colleagues	The VDoFP aims to turn the clinic owner forums into a consistent series where we will hold a safe space for clinic owners to come together and problem solve. Additionally, VDoFP is working on an <i>'Engagement Platform Change Management'</i> Initiative aiming to create a platform dedicated to physician engagement on various topics and concerns. Meanwhile, CNMs are exploring various online platforms to host clinic owners to encourage more network level engagement. More details to come.	
		X		CME Credits have been tough to get during the pandemic	VDoFP supports our members in meeting CME/CPD requirements, both through organizing stand-alone events and partnering with educational institutions like the University of British Columbia's Continuing Professional Development department to create customized options that meet members' educational needs and schedules.	Register for virtual events, learning modules and more, through the UBC Division of Continuing Professional Development (UBC CPD) here .

Physician Suggestions Resources Table:

The table below represents the resources shared by physician clinic owners at the forums. Please note, VDoFP has no association with the resources mentioned below, these services are suggested by your peers and are not directly partnering with VDoFP.

<i>Themes</i>	<i>Resources Suggested</i>	<i>Resource Description</i>
<i>Human Resources</i>	https://www.canmoa.ca/ John.Lewis@canmoa.ca	Canadian Medical Office Associates helps physicians, dentists and other health care providers in Vancouver and the Fraser Valley, recruit great staff.
<i>Mental Health</i>	http://www.raceconnect.ca/	Rapid Access to Consultative Expertise – provides an educational interaction with a specialist for FPs
	https://compassbc.ca/	Compass is a province-wide service to improve access to evidence-based care for all BC children and youth living with mental health and substance use concerns.
	http://www.vch.ca/locations-services/result?res_id=304	Child and Adolescent Response Team (CART) – VCH service that provides urgent response within 72 hours, short term mental health services to school-aged children and youth who are experiencing acute psychiatric or emotional crises.
<i>Clinic Optimization & Technology</i>	https://ca.godaddy.com/	Website domain names and hosting. You can add security to your website at a low additional cost:

**You can review all the feedback provided at the PCN 2, 3, 4 & 5 Clinic Owners Forum in Appendix A*

Evaluation

We sent out an evaluation after the forum to gather participants' feedback on the event. Evaluations will help us to understand how best to plan future events and engagements with clinic owners. 10 out of 18 clinic owners responded to the survey.

- 9 out of 10 respondents felt the forum was valuable
- 9 out of 10 participants felt their views were respected and listened to (one person did not answer this question)
- 10 out of 10 participants felt there was enough opportunity to participate.

**You can review a more detailed summary of the clinic forum evaluation in Appendix B*

Quotes From the Evaluation

“The open and sharing attitude towards the discussion of common problems. There is a complex path to solutions but cooperation can simplify the process.”

“Being able to engage with other physician owners, and to have validation of some of my concerns, and also to hear what others around the city are doing in their practices.”

“There were lots of repetitions of the same problems, maybe the next time the discussion could concentrate on exploring possible solutions.”



We'd like to thank all those that participated in the evaluation as well as the forum itself! If you have any questions or concerns about this report, please contact your Community Network Manager.

PCN 2 - Centre North - Tess Walton at twalton@vancouverdivision.com

PCN 3 - Northeast - Saori Yamamoto at syamamoto@vancouverdivision.com

PCN 4 - Westside - Elle Amin at eamin@vancouverdivision.com

PCN 5 - Midtown - Michelle Erdeniz at merdeniz@vancouverdivision.com

Appendix A - Feedback provided in each of the 3 topics

Human Resources

Medical Office Assistants (MOAs)

Challenges

- Difficult to find good MOAs
- Difficult to afford MOAs and compete with higher rates
- It takes a lot of time to train the MOAs and then they leave for higher paying jobs (specialists)
- MOAs aren't graduating from programs ready for work – a lot more work has to be done to train them
- Need a mix of different skills to be an MOA (social skills, customer service, organizational and administrative skills, etc.)
- I had an MOA for 22 years and she is leaving now. I was never involved in the office stuff and now that she is leaving it is difficult to know what to do, or what to pay someone new. A new person will not start at the same pay scale (\$52,000.00 a year for 4.5 days a week)
- I start at \$18.00 per hour and have yearly performance reviews and provide a Healthcare Spending Account. Most MOAs are now expecting \$20 - 21/hr to start and that is difficult to provide.
- Competing with specialists where the starting wage is much higher
- Specialist offices have a much smaller flow and there is less to do. We pay well but it is a lot of work as we have a very high flow family practice compared to a specialists office.
- We do a lot of work in our office. MOAs don't always feel comfortable with the delegated tasks. Starting with no experience we pay \$16.00. \$17 -18 for more experience.
- Coaching for MOAs is lacking. Also de-escalation skills would be helpful.
- Minimum wage has also gone up a lot so that has made it difficult to figure out what a good wage is

Solutions

- There is only one temp agency that supports MOA placement – but it is limited: canmoa.ca
- Some MOAs have been with practices for several years and play a significant role in running the clinic
- Willing to invest in training an MOA if they have some good skills that can be trained up
- Division MOA program is helpful
- Will pay more for a good MOA and give more benefits
- What leads to fast MOA turnaround? What can we do re work environment? How do you get MOAs to stay for such a long time?
- I pay the same for my MOA (\$52,000.00 for 4.5 days/week) who has been with my family practice for 50 years. She is the best.
- I prefer someone who didn't go to school for MOAs - I would rather have someone who worked at Starbucks - they have good training and customer service skills

Ideas

- May be helpful to gather some info and consensus on what to pay MOAs.
- Can we pool resources to find out how to find and keep good MOAs?
- We should be open in sharing what we pay and offer MOAs - there should be standardized rates

- Using EMR (Input Health) to have patients book on line has cut down a lot of the call volume. This increases the happiness of my MOA staff
- Can the Division support knowledge exchange around MOA wages? Send out a survey to get an idea of what people pay their MOAs and what other benefits they offer. Customer service is a key skill for MOAs

Locums & Associates

Challenges

- New to practice/new grads don't want to deal with the paperwork and administrative burden of running a clinic
- Most doctors hate paperwork because it's not paid work
- New grads don't want a long-term commitment with patients
- New grads are told to locum for 3 – 4 years in school. Who is training these doctors? Not getting role models for longitudinal care. Family Doctors are a dying breed
- competition from Pharmacist owned physicians in Surrey and Burnaby who are able to pay a higher rate
- Vancouver has extra overhead costs to attract locums and residents
- Not teaching any business acumen in medical school. In the US there is a lot more financial training – we learned how to review contracts
- After hours – should doctors be on call 24 hours a day? No work-life balance. What younger person will take over your practice if they have to be on call 24/7?
- Being a solo practitioner is a 24/7 job
- It's a generational issue. It takes a lot of convincing to get a new grad to join us. Lots of responsibility. Setting up a private practice by yourself is a lot

Solutions

- Locums.ca is a resource for finding locums but
- What can we offer to that newer generation? Business Cost Premium was helpful but it's not enough. Need a unified voice and also to be honest with one another

Mental Health Resources

Challenges

- With the pandemic, more mental health issues for patients, especially younger adults and children
- Finding a Psychiatrist is next to impossible. Patients with lots of complexity and prescriptions - when their psychiatrist retires they are told to go back to their family physician.
- How do you access CBT? How do you access culturally safe care?
- VCH Access and Assessment Centre - not for community physicians - not longitudinal service
- Sometimes patients have to refer themselves - find their own psychiatrist or MH support
- Not easy to find support for chronic sleep disorders for example
- When you send someone to Emergency, they see the specialist within a few days - if we want to send our patients to a specialist it takes a long time. We need a fast track for GPs. Docs can't get that rapid access.
- Paperwork (ICBC papers) is very overwhelming. Most of my time is spent on paperwork
- Challenge with culturally safe specialists who provide services in other languages

- I have many Filipino Patients and they've come to me for our shared ethnicity. Mental health is a very taboo topic in my community. Many patients who are the long term patients of psychiatrists are used to seeing them every other week, then patients are upset when they don't get the same amount of time from me. A social worker would actually serve me best - because that person could help spend time with patients.
- Many people need to wean off of opioids, it's a lot of time and energy to do so
- Some adolescent patients are at risk of self harm, but they are on the wrong side of Boundary so it's a 4 month wait
- It's going to get worse after COVID. Only just starting to see a lot of the eating disorders/anxiety etc. emerging.
- The misinformation on the internet has made it hard for me as I have to reiterate to my patients the benefits of getting the vaccine
- Having a psychiatrist in house is more expensive - giving them space costs the clinic

Solutions

- One clinic has 2 Psychiatrist Consultants for providers to call - this could be a model to try in other clinics. Contract funding to provide a half day/week of coverage. They help us with initial consult and medication pieces (juggling different ones). They are not helpful with acute issues, and don't provide longitudinal care or help outside of their contracted hours, but it still relieves some burden. I've noticed improved access to counselling during a pandemic though I deal with a privileged population
- Family docs need support to fine tune things. We've done what we can but we can't turn depression around. We need a further level of expertise. Many psychiatrists are retiring, and new ones aren't interested in this model
- Having some access to psychiatrists is better than nothing. I hear nothing after 6 - 8 months and get rejected. If someone could provide help with an initial plan, I can take over the rest. Then later if I need another consult I could tap into them
- Access and Assessment Centre (AAC) is good for giving an initial assessment and it kind of fills that role
- Child and Adolescent Response Team is still pretty good
- Compass Program for children and youth is very helpful. Indirect referral - we can speak with the psychiatrist and consult. It goes up to age 24.
- Telus Psychiatry worked really well. Some resources are hiding from us because they are so overworked

Ideas

- I want access to counselling and psychiatry for my patients
- Can the Division help me in referring to a psychiatrist, counsellor or psychologist? That would be so helpful.
- Would like help with AAC or something similar - access to Mental Health resources
- I want timely access and centralized access so we only have to fill one form out
- Rapid Access to Consultative Expertise (RACE) is helpful
- Could the Division or PCN support us to have psychiatrists committing to a few days a week to rotate between clinics and help us? Maybe assign a psychiatrist to the PCN as a shared resource?
- We need more access to effective counsellors with a lot of tools
- Most psychiatrists don't want to take on full practices

- Could the Division take on collating a list and collecting feedback on which resource actually worked. The benefits, pitfalls and then we can see where the gaps really are

Physician Wellness

- Getting my second dose was such a relief. Also when our staff were eligible - I felt very relieved.
- The misinformation on the internet has made it hard for me as I have to reiterate to my patients the benefits of getting the vaccine.
- I've been doing a lot of advocacy for masks and vaccines. That feels rewarding. Yesterday all of my patients were vaccinated or booked to get their vaccine.

Clinic Optimization and Tech Enablement

Challenges

- Lots of my patients have no e-mail and are unable to use ZOOM
- Took too long to set up an appointment with a patient via virtual platform. Makes patients anxious to use technology over the actual medical concerns. I'm doing 50% by phone and 50% by telephone. My question is are these virtual fees anticipated to continue once COVID settles more?
- Telehealth fee was present before the pandemic, but it had to be video
- No one knows if these fees will continue. BC Family Doctors is going to advocate to maintain the fee. The Ministry of Health is unhappy with how the visits are happening. But the 50/50 split is becoming more popular. Now patients want to talk for longer so I'm 75% in person. Occasionally I use ZOOM. Doxy.me didn't work out for me. I'll sometimes switch to FaceTime, even though it's not secure. Patients don't seem to care about this. EMR enabled platforms also exist.
- With all this tech, something is always broken. There is always something wrong. If you put a lot of time into it, we can troubleshoot and fix it but it's not a good use of my time. Complexity has gotten to a place where it's very hard as a clinic owner to do that and care for patients.
- Our team has tech support but it is expensive and by the time they come, it's cheaper to order a new item. We don't have in-house tech. When we started, we had paper charts and there was nothing I couldn't sort out because I understood a pencil and an eraser. But some of this gets way over my head. Security needs, backups, a lot of this is trusting other people to look after our patient charts and security. We are on Oscar - good EMR but not perfect.
- I'm on paper charts - I need to keep in mind that when I retire in the next few years, I'll have to convert onto EMR. How long will the virtual fee codes stay? I used to see 40 patients a day and now it's only 12 - 14 in person, the rest are virtual. If the Ministry stops teh code, I'll go back to the office full time. I'm mainly using the phone. Odd time photos are sent via e-mail.
- Sometimes when you send an email to a family member, they send to other people and the email goes all over the place to other people
- A lot of DTO resources were very out of date
- We spend a lot of time talking about technology and it has nothing to do with good medicine. It's part of what we have to do now, that's the problem
- Feel like we can get more done faster with pen and paper - computers can bring lots of issues with them

Solutions

- I adopted my EMR over 20 years ago. We use a fair amount of technology. Very active website that patients use, EMR and e-faxing. I think Doxy.me is seamless, unless there are internet problems. We let our patients choose - some phone, some video and some in person.
- I'm not using a virtual platform. Most of my patients don't have a computer or email. They usually provide a cousin's email or a child's email. Mainly by phone right now, or if needed, in-person
- I'm half in the office, half on the phone. Gave up virtual stuff 14 months ago.
- Some specialists (foot clinic) require an email for patients to be seen. So now it seems like more patients are getting familiar with getting e-mails
- It depends on specialists EMRs - makes it easier to connect with their patients if they have this information. I do have a younger practice, and many have emails, or the older folk have sons or daughters who are e-mail literate who are able to accept the emails for them. I probably do 50-60% phone visits and the rest are in-person or virtual visits
- What about confidentiality when they use family member's emails?
- I always ask if it is ok. I still need to get verbal consent and document.
- Sometimes the patients don't seem to care about confidentiality.
- The College of Physicians and Surgeons care, but not sure what they would do about it. You do need to get consent for e-mail. I get it verbally for the most part - getting a signature is harder now.
- What do you do for emails? we created a gmail account for all the docs. Some of the emails are secure but does anyone have experience with this?
- I still fax, which is secure but I do get laughed at!
- My EMR has an email platform as part of online booking. Patients don't like to use it. Profile EMR - tried for 8 years to get patients to message there but no uptake. Now EMR has an app but still uptake is low. We created gmail because of the pandemic and low communication. We have a notification that goes out on it that says this is not secure, use this. We have a little more uptake but still not a lot. We all want that security because of the college standards. But for the patients, security isn't much of an issue.
- We don't use email for a lot of things but doxy.me does have an option to upload attachments. Only use email for phone consults. We use a disclaimer discouraging people from getting into too much depth over email due to security. Not a lot of interest in creating a secure platform for emails. Tech companies are buying up everything - Amazon for example. It's about market share, not function. Not a lot of motivation to build it out. Mostly used for coordinating appointments in our office. Very few patients are unable to use technology. One clinic doesn't even have a phone line - fully electronic, only email to book.
- Online booking platform has a patient calendar - some don't have time to call the office so it's easier for them to just see the schedule and book. This also saves time for the MOA
- I reached out to the Doctors Technology Office for secure email options. Not much different from what I had looked up
- Health Gateway looks like its giving patients access to their own records. The Divisions hasn't been privy to those discussions
- godaddy (website hosting)– has an add on to make it PIPPA compliant - only a little bit more per month - not cost prohibitive.

Ideas

- Mostly younger specialists that are making this a requirement. Maybe the Division can advocate for it to be kept in mind that not all patients have access to technology? Admin don't like to follow up with patients for these things, so they send them back to the GP
- Let's go back to the old system and enjoy practice
- We need to create a favourites list for IT support. Some resource with the Division would be great - like a top ten list of IT supports.
- The PITO was pivotal in me switching over to EMR in the first place. We should advocate for that service to come back. Provided educational resources and funding for software costs. Losing that was a big hit
- What about Pathways for clinic owners - having tech, MOA supports, etc. all in one place? Save us from the endless google searching.
- Interconnectedness is the main problem. We are talking and advocating, but the patients should be the moderator of their health records. This is the oldest model in the developed world

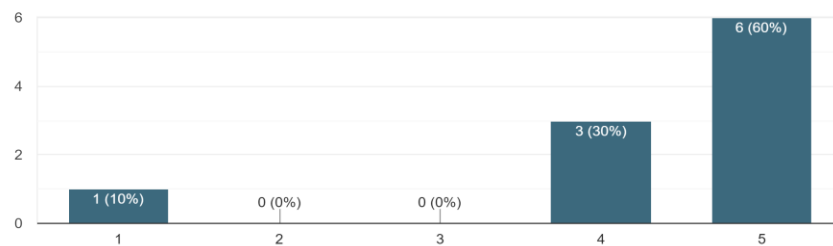
Appendix B - Evaluation Summary

Overall, a majority of participants found the forum to be of value.

1 = Not valuable at all and 5 = Very valuable

On a scale of 1 to 5 how valuable did you find the Clinic Owners Forum?

10 responses

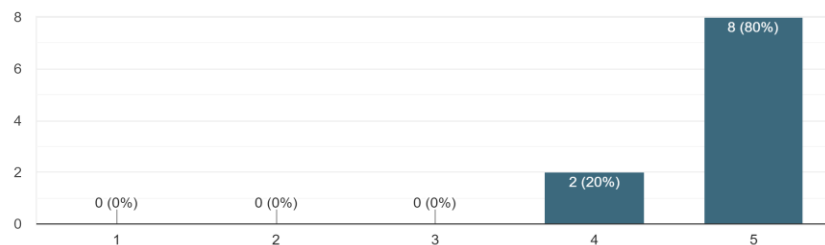


The majority of participants also felt their views were respected and listened to.

1=Not at all and 5 = very much

On a scale of 1 to 5, please let us know if you felt your views were respected and listened to?

10 responses

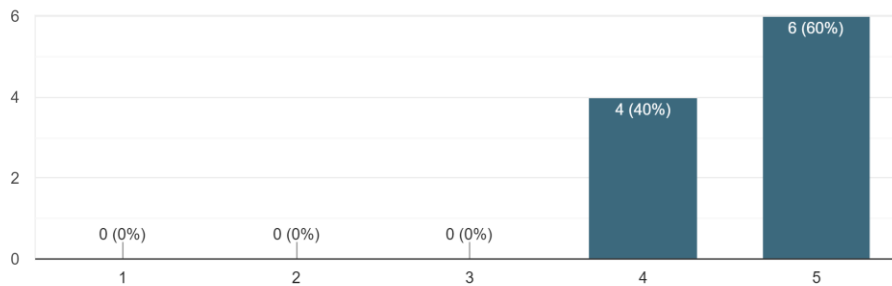


We also asked participants if they felt there was enough opportunity to participate.

1=No opportunity and 5=Lots of opportunity

On a scale of 1 to 5, did you feel there was enough opportunity to participate?

10 responses



When participants were asked what they liked about the forum they shared that they liked the ability to interact and engage with other clinic owners and hear similar concerns and issues. In particular the discussion about MOA recruitment, retention and wages was mentioned more than once.

When asked what could have improved the forum, a couple of people mentioned having a little more idea about what would happen at the forum (an agenda or plan sent out prior) may have been helpful. A couple of others mentioned that action was needed in order to address the issues and explore possible solutions.

When asked if they would attend another clinic owner's forum, 9 out of 10 respondents said they would, and 1 person responded that they were not sure.